



HAND DELIVERED

ID # 100034

09 FS-1

Due By April 30, 2010

*Rhode Island Ethics Commission***2009 YEARLY FINANCIAL STATEMENT**RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 APR 29 PM 3:00ELIZABETH H ROBERTS
254 NORWOOD AVENUE
CRANSTON RI 02905-0000

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED,** and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. ROBERTS ELIZABETH H.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 254 NORWOOD AVENUE CRANSTON 02905
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

LIEUTENANT GOVERNOR STATE OF RHODE ISLAND
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/7/06 I was appointed on _____ I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

N/A

5. List the following: NAME OF SPOUSE
Thomas H. Roberts

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
Thomas Roberts	RISD - College St. - Providence	1984 - Present - Professor
Elizabeth Roberts	State of Rhode Island	2007 - Present - Lt. Governor
Kathleen Roberts	Tiny's Restaurant - Northfield, MN	Spring 2009 - Present
Nora Roberts	YMCA Camp Fuller - Wakefield, RI	June - August, 2009

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
Thomas Roberts	1/2 Owner	515 Ocean Road - Narragansett, RI

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: SEE ATTACHMENT A

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
Elizabeth Roberts	Union Land & Management Co. Herndon, VA	Director
	FirstWorks Westminster St., Providence, RI	Director
	Meeting Street School Providence, RI	Director

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

NONE

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

SEE ATTACHMENT B

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

NOT KNOWN

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

NOT KNOWN

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NOT APPLICABLE

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

NOT APPLICABLE

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NONE

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island
County of Providence


SIGNATURE

Subscribed and sworn to before me at Providence this 28 day of April 2010.

My Commission expires: 6/23/2010


SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

ATTACHMENT A

Name of Trust: Trust of Kathleen Roberts
**Name of Trustee
and Address:** Thomas Roberts
254 Norwood Avenue
Cranston, RI 02905

**Name of Family Member
Receiving Trust Income:** Kathleen Roberts
Assets: Mutual Funds

Name of Trust: Trust of Kathleen Roberts
**Name of Trustee
and Address:** Jennifer Howlett
413 N. Hemlock St.
Williamstown, MA

**Name of Family Member
Receiving Trust Income:** Kathleen Roberts
Assets: Stock

Name of Trust: Trust of Nora Roberts
**Name of Trustee
and Address:** Thomas Roberts
254 Norwood Avenue
Cranston, RI 02905

**Name of Family Member
Receiving Trust Income:** Nora Roberts
Assets: Mutual Funds

Name of Trust: Trust of Nora Roberts
**Name of Trustee
and Address:** Jennifer Howlett
413 N. Hemlock St.
Williamstown, MA

**Name of Family Member
Receiving Trust Income:** Nora Roberts
Assets: Stock

ATTACHMENT B

Elizabeth H. Roberts Owns:

Union Iron Company
Kinder Corporation

Thomas H. Roberts Owns:

American Express Company
Amgen
Apple Computer
Archer Daniels Midland
Autozone
Bancorp Rhode Island, Inc.
Bank of America
Bank of New York – Mellon Corp.
Conagra
Dell
Dentsply International
Dst Systems
Eaton Corp
Estee Lauder
Fiserv
FPL Group
Google, Inc.
HJ Heinz
Hershey
Ingersoll-Rand
Intel
IBM
Johnson & Johnson
Johnson Controls
Kimberly Clark
Lockheed Martin Corp.
Manpower, Inc.
McGraw-Hill
Morgan Stanley Dean Witter
Pepsi Co., Inc.
Procter & Gamble
Quest Diagnostics
Raytheon
Thermo Fisher Scientific
Thomas & Betts

United Technologies
Varian Med Systems
Verizon Communications
Walt Disney Co.
3M Company

Thomas H. and Elizabeth H. Roberts Own:

Canadian National Rwy.
Harris Corp.
Nordstrom

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Kinder, LLC
11870 Mente Road
Address: Manassas, VA
Investment
Description: Investment

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Bank RI
Providence, RI
Address: Interest
Description: Interest

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
County of Providence

Elizabeth H. Roberts 4/29/10
Signed Date

Subscribed and sworn to before me at Providence on the following date: April, 2010

My Commission Expires: 10/01/2013

LLR # 48784
Signature of Notary Public

(Attach additional sheets if necessary)

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Citizens Bank

☐ Not more than \$1,000

Address: One Citizens Plaza

☐ \$1,001 to \$10,000

☒ \$10,001 to \$25,000

Providence, RI

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

Description: Interest

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Bank of NY -- Phoenix Companies

☒ Not more than \$1,000

Address: One Wall Street

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

New York, NY

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

Description: Dividends

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: State of Rhode Island

☐ Not more than \$1,000

Address: One Capitol Hill

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

Providence, RI 02903

☒ \$50,001 to 100,000

☐ \$100,001 to \$200,000

Description: Salary

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

Continuation of General Officer Addendum to 2009 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: John Hancock Investors

Address: c/o Mellon Trust
480 Washington Blvd.
Jersey City, NJ

Description: Dividends

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Union Land & Management

Address: 481 Carlisle Drive
Herndon, VA 20170

Description: Family Business

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☒ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Nordstrom

Address: Seattle, WA

Description: Dividends

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

Continuation of General Officer Addendum to 2009 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Harris Corp.

Address: Melbourne, FL

Description: Dividends

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Canadian National Railway

Address: Montreal, Quebec

Description: Dividends

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Bank of America

Address: 100 North Tryon Street
Charlotte, NC

Description: Dividends

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000